

# HOPES & DREAMS ENTRY FORM

Please submit the following form with each quilt donated.

Name: \_\_\_\_\_

Guild or Shop: \_\_\_\_\_

Are you a professional longarm quilter? \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

I have read and agree to the rules of the Hopes and Dreams Quilt Challenge/Quilt Contest. I understand that my quilt will become the sole property of H&DQC, and may be displayed and/or photographed, and used in any way the H&DQC deems appropriate.

Signature: \_\_\_\_\_

Many ALS patients battle this disease alone, with little or no family support. They will be thrilled to receive your quilt and to learn a little about you - their thoughtful and generous quilter and friend. If you would like - please write a message for 'your' patient, to be presented with your quilt on the back of this form.

Please feel free to pin/attach to your quilt a longer letter about yourself. Your ALS patient will love it!

- G My name and address may be provided with my quilt to an ALS patient
- G Do not provide my name and address to an ALS patient

Mail your quilt to:

Hopes and Dreams  
Quilt Challenge for ALS  
c/o Quilters Dream Batting  
589 Central Dr  
Virginia Beach VA 23454